



**MONTHLY
MANUFACTURER'S CERTIFICATION FORMAT**

**Office of Housing, Buildings & Construction
Manufactured Housing Section
101 Sea Hero Road Suite 100
Frankfort, KY. 40601-5405
((502) 573-1795 Fax. (502) 573-1004**

Name of Manufacturer

Mailing Address

City

State

Zip Code

No.	SERIAL #	HUD label	Mfg date	MODEL	Retailer's Name & Address

This form must be used in reporting units to the Manufactured Housing Section of the State Fire Marshals Office monthly.

Signature of authorized person to certify these units

Date

